

The filing fee has been calculated as shown below:

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE
BASIC FEE				\$ 760.00
TOTAL CLAIMS	177	- 20 = 157	x \$18 =	\$2826.00
INDEPENDENT CLAIMS	12	- 3 = 9	x \$78 =	\$ 702.00
[] MULTIPLE DEPENDENT CLAIMS			+ \$260 =	\$ 260.00
			TOTAL	<u>\$4288.00</u>

- [X] A check in the amount of \$4288.00 in payment of the filing fee is transmitted herewith.
- [X] The Commissioner is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to deposit Account No. 06-1075. A duplicate copy of this transmittal letter is transmitted herewith.
- [] Please charge \$_____ to Deposit Account No. 06-1075 in payment of the filing fee. A duplicate copy of this transmittal letter is transmitted herewith.
- [X] An Information Disclosure Statement is enclosed.

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